PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I

Application or Docket Number

112857-476

TOTAL CLAUSE			(Column 1)		(Column 2)			TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			14					RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	1 4 minus 20= *		*	• .0		XS 9=		OR	X\$18=	0	
\vdash	DEPENDENT (/ minus 3 = *		•	0		X43=		OR	X86=	0	
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR	+290=	0	
* 1	f the differenc	e in column 1 is	less than z	ss than zero, enter "0" in column 2			I	TOTAL		OR	TOTAL	770	
		CLAIMS AS A	AMENDE	MENDED - PART II							OTHER		
_		(Column 1)		(Column 2) (Co				SMALL	ENTITY	OR	SMALL	ENTITY	
MENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**	- · .	=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF M	Minus	PENDENT	CL AIM]=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
										OR	TOTAL ADDIT. FEE		
			DDIT. FEE		_ ′								
AMENDMENT B		CLAIMS REMAINING		HIGHE NUMBI	-	(Column 3) PRESENT	ΙΓ	-	ADDI-	1		ADDI-	
		AFTER AMENDMENT		PREVIOL PAID F	JSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	F	X43=		OR	X86=		
	FIRST PHESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		 	+145=		1 011			
										OR	+290=		
								TOTAL DDIT. FEE	••	OR ,	TOTAL DDIT. FEE		
	·	(Column 1)	·	(Column		(Column 3)			. •	•		٠.	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=			X86=		
	FIRST PRESE	\vdash			OR	7.00-							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
H	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE		
Ť	he *Highest Num	ber Previously Paic	For (Total or	independent	ess than) is the f	is, enter "3." nighest number		DIT. FEE	ropriate box				